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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-22)//  
POC/P.C. BISHOP/CAPT/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)  
653-1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
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HEADLINE: Naval Hospital Orlando Decommissioned  
NAVHOSP Orlando, FL (NSMN) -- At 0900 on 2 June, Naval Hospital Orlando will hold its decommissioning ceremony, marking the end of 27 years of service to military beneficiaries. Local political leaders and other officials will gather for the ceremony, which will feature guest speaker Navy Surgeon General VADM D.F. Hagen, MC, and Mrs. Valada Flewellyn, a nationally known storyteller and poetess who will read an original poem commemorating the occasion.

The staff of Naval Hospital Orlando continued seeking ways to improve their already high-quality operation right up to their last day. Quality improvements designed and implemented at the hospital were praised recently by the American College of Physician Executives. A study to reduce delays in providing thrombolytic therapy and a patient survey leading to improvement in the hospital's same-day surgery unit were showcased in the college's Innovations '95 magazine and received honorable mentions in the college's Pinnacle Awards.

Naval Hospital Orlando was awarded a Meritorious Unit Commendation for the staff's ability to continue to meet their

mission and innovate even as they were preparing to close. The citation reads:

"For meritorious service in direct support of the Naval Training Center Orlando from 1 July 1993 to 2 June 1995. Naval Hospital Orlando served as the primary military health care facility for over 30,000 active duty members and their families. In a time of constantly changing requirements related to Base Realignment and Closure of the Naval Training Center, Naval Hospital Orlando provided increased capabilities and improved care to the patients under their care. As a result of superb leadership, thorough planning and innovative management, Naval Hospital Orlando implemented their closure in a systematic manner that enabled patients to be successfully transitioned to other health care resources. Additionally, through their unceasing commitment to quality, they established a benchmark throughout the Navy system for unwavering commitment to meeting the needs and expectations of their customers and for expert implementation of quality efforts resulting in high morale and trust throughout the hospital. By their devotion to duty, the officers, enlisted personnel, and civilian employees of the Naval Hospital Orlando reflected great credit upon themselves and upheld the highest traditions of the United States Navy."

-USN-

HEADLINE: Seven Naval Hospitals Support FH GITMO Deployment

NAVHOSP Pensacola, FL (NSMN) -- Personnel from the Navy's Fleet Hospital 15, made up of 205 naval personnel from seven U.S. naval hospitals throughout six states, began deploying to Naval Base Guantanamo Bay, Cuba, on 26 May in support of Operation Sea Signal. They will be providing medical care to 19,000 Cuban migrants currently on board that facility.

Eleven personnel from Naval Hospital Pensacola, including Fleet Hospital 15's commanding officer and executive officer, departed with an advance team from Norfolk, VA, on 26 May, in the first of five Navy flights carrying personnel to Guantanamo Bay throughout the month of June.

On the ground at the naval base in Cuba, Fleet Hospital 15 personnel will be under the operational direction of Commander, Joint Task Force 160, for approximately six months.

Personnel from six other naval hospitals, as well as medical and dental clinics, scheduled to deploy with Fleet Hospital 15 include: Naval Hospitals Jacksonville, FL; Corpus Christi, TX; Millington, TN; Beaufort and Charleston, SC; National Naval Medical Center Bethesda, MD; Branch Medical Clinics at Kings Bay, GA, and Whiting Field, Pensacola and Key West, FL; Branch Dental Clinics at Pensacola and Jacksonville; and Healthcare Support Office Jacksonville.

On 2 May, the U.S. government announced that the camps at Guantanamo Bay would be shut down, resulting in a savings of \$1 million per day in operational costs. Also under the new policy, all Cuban migrants at the naval base would be considered for entry into the United States.

"This will be a medically intense humanitarian mission. We go where our country needs us," said Fleet Hospital 15's

commanding officer. "This will be a challenge for our unit, but we're going in with the intent of learning from the Air Force personnel whom we will replace. They have been serving in this situation for months. Our primary mode of operation will be flexibility."

Story by Rod Duren

-USN-

HEADLINE: Halyburton Naval Hospital Dedicated at Cherry Point  
NAVHOSP Cherry Point, NC (NSMN) -- 10 May 1995 was a very proud day for the entire staff of Naval Hospital Cherry Point, now also known as Halyburton Naval Hospital. On a beautiful day in a ceremony staged in front of a beautiful new hospital, Navy medicine in North Carolina opened a new chapter in a long history of caring.

The Commemorative Service and Dedication of the Hall of Honor started at 0750 with the traditional piping aboard. After the flag was raised and the National Anthem concluded, "I turned and faced Major General McCorkle and requested permission to lower the flag to half staff in honor of Pharmacist's Mate Second Class William D. Halyburton, Jr.," said CAPT Vernon M. Peters, MSC, the hospital's commanding officer. The flag was lowered in honor of the World War II sailor who was killed in action while serving with the 2nd Battalion, 5th Marines, 1st Marine Division. He was "killed in action saving the life of a Marine during the battle for Okinawa fifty years ago today," said Peters.

Halyburton received the Medal of Honor posthumously for his heroic devotion to duty, and the audience gathered for the service naming Naval Hospital Cherry Point in his honor was asked to "remember in private thought the enormous sacrifice made by our Marines, Sailors, Soldiers and Airmen to protect our freedom throughout our nation's history, but especially during this last major battle of the Second World War."

The hospital's commanding officer cited Halyburton's gallantry and valor as indicative of "what we continue to see in our young servicemen and women who continue to step forward -- like William D. Halyburton, Jr. -- to serve their country, regardless of risk or hardship, probability of family separation, desiring only to be a part of our hard-earned naval heritage."

The commanding officer of USS Halyburton (FFG 40), CDR Robert Reilly, was guest speaker. "While the imposing appearance of a man of war denotes the resolve of the nation whose flag she flies," said Reilly, "the name affixed to the transom of FFG 40 gives this ship a life and personality that is unique and admirable. ... When new shipmates report aboard Halyburton, we not only discuss work hours and ship's schedules, we also talk about service, devotion and caring. Do the right thing. Be courageous. And never forget you represent the best that our country has to offer: Honor, commitment, loyalty, patriotism and valor."

At the end of the service, the band played "Eternal Father," and was joined for the second verse by the baritone voice of the hospital's director for administration, LCDR Rich Foster, MSC, who sang:

"Creator, Father, who first breathed  
In us the life that we received,  
By power of Thy breath restore  
The ill, and men with wounds of war.  
Bless those who give their healing care  
That life and laughter all may share."

The Flag was raised to full staff and the Commemorative Service was over.

Moving inside, guests of honor -- including the Medical Officer of the Marine Corps RADM Dennis Wright, MC, -- and others then dedicated the hospital's Hall of Honor. Created by a number of the hospital's junior corpsmen, the Hall displays Navy medicine's Medal of Honor recipients against a backdrop of the Award ribbon. Central among the 27 recipients is Halyburton's photograph and citation, which is displayed above the beautifully painted Medal.

During the dedication, McCorkle presented Letters of Commendation to the young men and women who participated in the design and creation of the Hall of Honor. Also, the commanding officers of Halyburton's two namesakes -- ship and hospital -- exchanged flags which had flown over their respective commands and command plaques.

"Notably," said Peters, "USS Halyburton's plaque is adorned with a crest on which the Latin phrase 'Non sibi sed patrie' is inscribed. This phrase means 'Not for self, but for country.'"

Fifty years ago, Halyburton exemplified the phrase in his selfless act of saving another. Although not yet 21 years old when he died, Halyburton's courage, commitment and honor still serve as a beacon of inspiration to his shipmates of all ages.

At 1600 eastern time, in the National Memorial Cemetery of the Pacific, the staff of Naval Medical Clinic Pearl Harbor placed a wreath at the gravesite of Pharmacist's Mate Halyburton on behalf of the staff of Halyburton Naval Hospital.

He did not die in vain.

-USN-

HEADLINE: High Blood Pressure -- the Silent Killer

NNMC Bethesda, MD (NSMN) -- High blood pressure has been called the silent killer, and for good reason. It produces no pain, no change in the way a person feels, gives no hint whatsoever that someone may be heading for a stroke or heart attack.

So it pays to make sure that your blood pressure is checked every time you are at the doctor's and to make regular checkups an automatic part of your life. Age has nothing to do with this, either, because high blood pressure can strike people of any age, especially if there is a history of it in the family.

Nurse practitioner Dianne Tesch was brought here to the National Naval Medical Center 15 years ago to start up the hypertension clinic, and she has been its mainstay ever since. If you have ever met her, you know why she is the perfect person for the job.

Stress plays a very big role in high blood pressure, and Tesch's peaceful, calm, non-judgmental approach is, literally,

just what the doctor ordered. She is, in addition to being very nice, very very knowledgeable and believes strongly that lifestyle modification is one of the main keys to bringing blood pressure down.

Her voice is soothing when she explains: "Hypertension is the technical term for blood pressure which is consistently greater than 140 over 90. In order to arrive at a diagnosis, several measurements should be taken over a period of time -- we don't make a diagnosis of high blood pressure on just one reading. We follow the guidelines set by the Joint National Commission."

Tesch explained that the first number in a blood pressure reading is the systolic, which measures the pressure when the heart beats, and that the lower number, the diastolic, measures the pressure when the heart is resting between beats.

"When the patient is at stage one, or mild hypertension, the recommendation is that he or she be counseled in lifestyle modification. Weight loss, exercise, modification of alcohol intake, reduction in sodium intake, stopping smoking and stress management can help lower the blood pressure back to normal. If, after three to six months, the pressure is still up, then medical treatment is instituted in the form of medication.

"But non-drug therapy remains the cornerstone. Once people go on medication, we do not stop counseling them to change their lifestyles.

"A diagnosis of moderate high blood pressure (stage two) is made when the systolic is 160-179 and diastolic is 100-109. Severe high blood pressure (stage three) consists of systolic between 180-209 and diastolic between 110-119. Stage four (very severe) is systolic 210 or more with a diastolic of 120 or more.

"Elevated pressure can damage the blood vessels over time and that is why we treat it. It can particularly damage vessels in the brain, the eyes, the heart and the kidneys. This increases the potential for a stroke, blindness, congestive heart failure or kidney failure. People should not ignore it because it is easily treatable."

There are varied opinions in the medical field as to the possible connection between stress and high blood pressure, and research is now underway to determine the correlation, if any.

Tesch explains the twosides to the story. "The elevation of blood pressure is a physiologic response to stress. It goes up under stressful situations because that's the way God made us." She stops and smiles. "But, according to the Joint National Commission, with the weight of all the medical literature behind them, they say that to date there is no strong evidence linking stress to sustained elevations of blood pressure. They believe that blood pressure will go up in a stressful situation, then go back down again."

But, what if your job is stressful? That can mean more than eight hours a day of stress, never mind the fact that some people just cannot leave their job behind when they walk out the door at the end of the day. Most people can't just up and quit, after all. They can't just throw their stuff in a briefcase and storm out when the going gets tough. "Get out there and whack that

tennis ball, do aerobics, do anything that will relieve the tension," advises Tesch.

"There are a lot of studies going on where 24-hour monitoring is being done. One story in particular comes to mind where they had a resident in internal medicine who was doing an ER rotation. They put a 24-hour monitoring tape on him and found that his pressure would be up while he was in the ER and down the rest of the time. That meant he was spending more than 40 percent of his day at elevated readings. Because of that, they recommended treatment for the period of time he was in that situation.

"I do see that, when people get out of stressful situations their blood pressure goes down. Stress management certainly does make people feel better. It lowers their blood pressure while they're doing their stress management exercises, deep breathing or whatever, but you can't use it to control blood pressure all the time. This is not to say there's not a link, not to say that good stress management won't lower blood pressure, we just don't have the research evidence at this time."

She added that high blood pressure does tend to run in families, and that is why taking a family history is very important during the initial interview with a patient. "We want to know who in the family had high blood pressure, and if any of them had strokes or heart attacks. If you have a patient in a family situation where everybody has high blood pressure, had strokes in their 30s, you want to get real aggressive with that person.

"There used to be a belief that high blood pressure is to be expected as a person gets older. That is not the case anymore, although there might be a slight increase because the blood vessels become less pliable and elastic as time goes by."

Tesch's attitude toward her patients is one of calm, non-judgmental acceptance. Although she describes herself as a nag, she does not bludgeon, she gently guides. She is not one of those who barks out threatening orders and scares her patients to death. An edict never comes out of her mouth. Because of her intimate knowledge of human nature and behavior, she neither expects nor demands perfection and blind obedience, but rather works with her patients as individuals, encouraging them to modify, but not necessarily totally change, their lifestyles.

After all, if she scared them to death, they'd never come back. "I'm seeing patients who came to me in 1980 as mere children of 70. They are well into their 80s now and still going strong."

...thanks to nurse practitioner Dianne Tesch, although she would be the last to say so.

Story by Teal Ferguson

-USN-

HEADLINE: NMC Offers Special Room for Nursing Staffers

NMC San Diego (NSMN) -- A discreet room in the nursing tower of this state-of-the-art Navy medical facility will offer staff members who are also new mothers a comfortable, private location to pump breast milk during the work day.

The Naval Medical Center's breast pump room officially opened 26 May, and is believed to be the first facility of its kind in a military organization.

"This service recognizes the unique needs of many of our staff members who find that they wish to remain productive during the work day, but do not want to compromise the health of their newborns," said LCDR Deborah Conway, a staff member in the medical center's Health Promotions Office. "It is a unique way we can support both the needs of the medical center as well as our employees."

-USN-

HEADLINE: Hospital Thanks Local Radio Station for Support

NAVHOSP Camp Lejeune, NC (NSMN) -- CAPT J.P. VanLandingham, MSC, Naval Hospital Camp Lejeune's executive officer, recently presented Glenn Hargett, president, WJNC Radio, with a Commanding Officer's Letter of Commendation for outstanding professional performance and superb support of the hospital's public affairs office.

The award was kept a secret from Hargett until almost the moment of presentation. Up to just seconds before he received the commendation, he thought he was meeting with members of the public affairs office to discuss an upcoming radio show for "Ask Your Neighbor - Drive Time."

Needless to say, Hargett was surprised. His staff quickly gathered around him as LTjg Roger A. House, the hospital's public affairs officer, began to read the citation to the excited audience. VanLandingham stood next to Hargett with the framed Letter of Commendation in hand, ready to present it when the reading was complete.

Hargett was recognized for his expert leadership and guidance as WJNC Radio provided the means for the naval hospital to reach more than 95,000 active duty service members, retirees and their families, as well as the people of Onslow County, with numerous medical-related programs.

Particularly noteworthy is the highly successful "People's Medical School," a medical information-oriented talk show in which naval hospital health care providers discuss and answer listeners' questions pertaining to the health topic of the hour. As of 4 May, they had done 26 of these shows. The "People's Medical School" has been so well received by the local community that WJNC asked the hospital to continue the programming for another six months after current scheduling ends 29 July.

Hargett was also lauded for the creation of an innovative series of 26 one-minute "Home Health Hints," which describe causes and symptoms and then indicate treatments a patient may perform at home for various illnesses and injuries.

Hargett proudly accepted the award on behalf of WJNC and quickly passed the credit on to his staff, saying, "I don't do all this myself. It was a group effort to make all of this possible." He thanked VanLandingham for the award and praised the outstanding working relationship between WJNC and the hospital.

Story by HMCN David L. Martin

-USN-

HEADLINE: Radiology Passes the Test at NAVHOSP Corpus Christi

NAVHOSP Corpus Christi, TX (NSMN) -- On 10-11 April, the Food and Drug Administration (FDA) conducted the first annual audit of the mammography program at Naval Hospital Corpus Christi. This was a surprise inspection for the naval hospital, as neither the Bureau of Medicine and Surgery nor the hospital was aware it was coming. The audit covered the equipment operations, departmental files and individual medical records, credentials of radiologists and radiologic technologists, and the Quality Control tests and standards.

At the completion of the FDA audit, BUMED was notified that Naval Hospital Corpus Christi had passed with "zero" discrepancies. Combined with the fact that radiology passed the Mammography Accreditation process the first time, Naval Hospital Corpus Christi can claim to be in the top 15 percent of facilities in the United States. This is a plus for both Navy medicine and for the medical treatment facility here in Corpus Christi.

Story by HM1 McCoggin

-USN-

HEADLINE: Hospice Care Now Provided for Military Families

HFA Washington (NSMN) -- Effective 1 June, CHAMPUS/TRICARE benefits will cover the cost of hospice care for the terminally ill. The CHAMPUS/TRICARE hospice benefit is based on the benefits provided under Medicare.

"This is great news for military families and for the military health care system," said Jack Gordon, president of the Hospice Foundation of America. "It responds to a real need in a very compassionate way."

Hospice is a special kind of care designed to provide comfort and support to patients and their families in the final stages of terminal illness. It emphasizes supportive services such as pain control and home care, rather than curative treatment of an illness that has been diagnosed as terminal.

Last year, in anticipation of this new CHAMPUS/TRICARE policy, the Hospice Foundation began an information outreach program to the military health care community -- chaplains, social workers and family support centers -- who may be called upon to advise and assist patients and family members.

A member of Independent Charities of America and the Combined Federal Campaign (CFC), the Hospice Foundation of America is a non-profit organization established to assist those who can help others cope with terminal illness and the process of death, grief and bereavement. For further information, write to: Hospice Foundation of America, 2001 S St. NW, Suite 300, Washington, DC 20009, or call (202) 638-5419.

-USN-

HEADLINE: Seaman-to-Admiral Board Application Deadline Near

BUPERS Washington (NSMN) -- Sailors applying for the Seaman-to-Admiral officer accession board must submit



applications by 1 July 1995.

A board will meet 11-22 September to choose the 50 selectees and 10 alternates. To be eligible, applicants must be selected for or serving in pay grade E-5 and above and have not reached their 27th birthday by 30 September 1995.

"One of the many great attributes of our nation is that there is opportunity for those who work hard to achieve their goals," said ADM Mike Boorda, Chief of Naval Operations. "The Seaman-to-Admiral Program is a very real manifestation of this." Applicants must have a minimum officer aptitude rating of 40 and include a certified copy of the test results in the application. If official test results are not available in time to meet the application deadline, a field score can be provided. Official results must be forwarded when received.

"I really hope that people who applied last year and will be eligible this year don't get discouraged," said Boorda. "I'm an example of a guy who applied twice and got picked the second time."

More information on the application process is available from NAVADMIN 86/95.

Story by LT Dan Bates, reprinted from NAVNEWS 026/95

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3. Events, occurrences and observations for the month of June, 1-17 June and important dates for June from the Bureau of Naval Personnel:

#### JUNE

National Hernia Month (1-800-845-8852)

National Scleroderma Awareness Month (1-800-722-HOPE)

American Rivers Month

1 June - 4 July: Fireworks Safety Month (Prevent Blindness America, 1-800-331-2020)

1 June: Career Nurse Assistants Day (216/825-9342)

1 June 1980: CNN Began Broadcasting

3-4 June: Children's Miracle Network (801-278-8900)

4-10 June: National Safety Week (708/692-4121, ext. 218)

6 June: National Health Care Recruiter Recognition Day (216/867-3088)

11 June: National Hug Day

11-17 June: National Hug Holiday Week (Hugs for Health Foundation, 714/832-HUGS (4847))

12-18 June: National Little League Baseball Week

14 June: Flag Day

14 June 1775: U.S. Army Founded

17 June 1898: Hospital Corps Established

-more-

#### BUPERS IMPORTANT DATES FOR JUNE

1 June: Active O-8 Civil Engineer Corps Board Convenes

6 June: Active E-7 Board Convenes

6 June: Morning (0600-0800) and Night (till 2200) Detailing (Washington, DC, time)

12 June: Active O-4 Staff Corps -- Medical, Dental, Nurse, Supply, Medical Service, Civil Engineer, Judge Advocate General, Chaplain -- and LDO Board Convenes

12 June: Reserve O-4 Medical Corps board convenes  
19 June: Reserve O-4 Line Board Convenes  
27 June: Morning (0600-0800) and Night (till 2200) Detailing  
(Washington, DC, time)  
30 June: E-4 Evaluations Due

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS  
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